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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 497562

1. Corporation Name
THORNHILL ASSOCIATES, INC

Principal Place of Business / Mailing Address
2901 SW 41st ST # 1501
OCALA, FL 34474

3. Date Incorporated or Qualified: 2/26/76
3a. Date of Last Report: APR 1'96

2. Principal Place of Business
21: 2901 SW 41st St.
Suite, Apt. #, etc. 22: #1501
City & State 23: OCALA, FL
Zip 24: 34474 Country 25:

2a. Mailing Address
26: SAME
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 59-1652608 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
NOEL J. de ROODENBEKE
2901 SW 41st ST. #1501
OCALA, FL 34474

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Type or printed name of registered agent and title of applicable officer) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT, TREAS., DIRECTOR	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NOEL J. de ROODENBEKE		1.2 NAME	
STREET ADDRESS	2901 SW 41ST ST. #1501		1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34474		1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT, SECR., DIRECTOR	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RUTA C de ROODENBEKE		2.2 NAME	
STREET ADDRESS	2901 SW 41ST ST. #1501		2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34474		2.4 CITY-ST-ZIP	
TITLE	DIRECTOR	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HANAS AMBROSE		3.2 NAME	
STREET ADDRESS	7133 POOLE JONES ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	FREDERICK, MD 21702		3.4 CITY-ST-ZIP	
TITLE	DIRECTOR	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	INGRID M. McCLELLAN		4.2 NAME	
STREET ADDRESS	RTE 6, BOX 1174		4.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA, FL 32177		4.4 CITY-ST-ZIP	
TITLE	DIRECTOR	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	NINIAN C. NICOLL		5.2 NAME	
STREET ADDRESS	2901 SW 41ST ST. #1501		5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34474		5.4 CITY-ST-ZIP	
TITLE	DIRECTOR	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GEORGE C. AMBROSE		6.2 NAME	
STREET ADDRESS	7133 POOLE JONES ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP	FREDERICK, MD 21702		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/24/97 352-873-2284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
NOEL J. de ROODENBEKE, PRESIDENT